

RCE 27W



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	SLANEY et al.	Examiner:	Justin I. Michalski
Application No.:	09/369,340	Art Unit:	2644
Filed:	August 6, 1999	Docket No.:	INT1P929
Title:	ESTIMATION OF HEAD-RELATED TRANSFER FUNCTIONS FOR SPATIAL SOUND REPRESENTATION		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

9/7, 2005.

Veronica Pula

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL  
FILED WITH AMENDMENT C**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114

a. ☐ Previously submitted:

☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously  
filed on \_\_\_\_\_

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☐ Consider the arguments in the Appeal Brief or Reply Brief previously  
filed on \_\_\_\_\_

☐ Other \_\_\_\_\_

b. ☒ Enclosed:

- ☒ Amendment/Reply
- ☐ Affidavit(s)/Declaration(s)
- ☐ Information Disclosure Statement (IDS)
- ☐ Other

c. Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

				Small Entity		Large Entity	
				Rate	Fee	Rate	Fee
RCE FILING FEE				x \$395 = \$		OR	x \$790 = \$ 790
CLAIMS	After RCE	*HP	Extra				
Total	27	36		x \$25 = \$		OR	x \$50 = \$
Independent	3	4		x \$100 = \$		OR	x \$200 = \$
Multiple Dependent Claims				x \$180 = \$		OR	x \$360 = \$
*HP = Highest previously paid				TOTAL FEES \$			TOTAL FEES \$ 790

2. Miscellaneous:

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of \_\_\_\_\_ months.
- b. ☐ Other \_\_\_\_\_

3. ☐ Applicant hereby petitions for an extension of time as follows:

	SMALL ENTITY			LARGE ENTITY	
	Rate	Add'l Fee		Rate	Add'l Fee
<input type="checkbox"/> Extension for Response within FIRST month	x \$60 = \$		OR	x \$120 = \$	
<input type="checkbox"/> Extension for Response within SECOND month	x \$225 = \$		OR	x \$450 = \$	
<input type="checkbox"/> Extension for Response within THIRD month	x \$510 = \$		OR	x \$1020 = \$	
<input type="checkbox"/> Extension for Response within FOURTH month	x \$795 = \$		OR	x \$1590 = \$	
<input type="checkbox"/> Extension for Response within FIFTH month	x \$1080 = \$		OR	x \$2160 = \$	

4. ☒ Applicant(s) hereby petition that any additional required extension of time be granted.
5. ☒ Enclosed is our Check No. 1865 in the amount of \$790.00 to cover the RCE Fee required under 37 CFR §1.17 (e), the additional claim fee, if any, and/or extension of time fees.
6. ☐ Please charge Deposit Account No. 50-0685 (INT1P929) in the amount of \$\_\_\_\_\_ to cover the additional claim fee and/or extension of time fees.
7. ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (INT1P929).
8. ☐ Applicant Initiated Interview Request Form.
9. ☒ Please continue to send correspondence to the following address:

**CUSTOMER NO. 21912**  
**VAN PELT, YI & JAMES LLP**  
 10050 N. Foothill Blvd., Ste. 200  
 Cupertino, CA 95014  
 Tel (408) 973-2585 Fax (408) 973-2585

Date: 9/7/05

Laura Ing  
 Laura Ing  
 Reg. No. 56,859